#### INTRODUCTION TO DRUGGED DRIVING

#### INSTRUCTOR'S LESSON PLANS

#### Printed 2/06

U.S. DEPARTMENT OF TRANSPORTATION
Transportation Safety Institute
National Highway Traffic Safety Administration

#### INTRODUCTION TO DRUGGED DRIVING

Instructor's Lesson Plans

#### INTRODUCTION TO DRUGGED DRIVING

Upon successfully completing this module of instruction, the participant will be able to:

- o Define the term "drug" in the context of DWI enforcement.
- o Describe in approximate, quantitative terms the incidence of drug involvement in motor vehicle crashes and in DWI enforcement.
- o Name the major categories of drugs.
- o Describe the observable signs generally associated with the major drug categories.
- o Describe medical conditions and other situations than can produce similar signs.
- o Describe appropriate procedures for dealing with drug-impaired or medically-impaired suspects.

#### Content Segments

#### **Learning Activities**

A. Overview

- o Instructor-Led Presentations
- B. Eye Examinations: Detecting Signs of Drug Influence
- o Participant Practice
- C. Drug Categories and Their Observable Effects
- Video Presentations

- D. Combinations of Drugs
- E. Demonstrations of Drug Influence (Video/DVD)
- F. Dealing with Suspected Drug Influence or Medical Impairment



#### 45 Minutes



Display 1

### INTRODUCTION TO DRUGGED DRIVING

#### A. Overview

- 1. Session purpose and objectives.
  - a. The <u>purpose</u> of this session is to improve your ability to recognize suspects who may be medically impaired or impaired by drugs other than alcohol and to take appropriate action when you encounter such a suspect.
  - b. Alcohol certainly remains the most frequently abused drug, and most impaired drivers are under the influence of alcohol.
  - c. But many other drugs also are routinely abused by many drivers.
  - d. It is highly likely that every experienced DWI enforcement officer has encountered at least some suspects who were under the influence of drugs other than alcohol.
  - e. Depending upon the specific types of drugs they have taken, some drug-impaired suspects may look and act quite a bit like persons who are under the influence of alcohol.

Ask participants: "What is responsible for most DWI violations in America?"



#### Display 2A



Display 2B

- f. But others will look and act very differently from alcohol-impaired suspects.
- g. It is important that you be able to recognize suspects who may be under the influence of other drugs, so that you will know when to summon assistance from physicians or other appropriate persons, or trained drug recognition experts.
- h. Upon successfully completing this session, you will be better able to:
  - o Define the term "drug" in the context of DWI enforcement.
  - o Describe in approximate, quantitative terms the incidence of drug involvement in motor vehicle crashes and DWI enforcement.
  - o Name the major categories of drugs.
  - o Describe the observable signs generally associated with the major drug categories.
  - o Describe medical conditions and other situations that can produce similar signs.



#### Display 3

- o Describe appropriate procedures for dealing with drug-impaired or medically impaired suspects.
- One important thing that this session will <u>not</u> accomplish: it will <u>not</u> qualify you to perform the functions of a Drug Recognition Expert (DRE).
- j. Officers become DREs only after they have completed a very challenging program that includes nine days of classroom training and many weeks of closelysupervised on-the-job training.
- 2. Definition of "drug".
  - a. The word "drug" is used in many different ways, by many different people.
  - b. The corner <u>druggist</u> and the U.S. <u>Drug Enforcement</u>
    <u>Administration</u> are both concerned with "drugs", but they don't have exactly the same thing in mind when they use that word.
  - c. And neither the druggist nor the DEA have the same perspective as the <u>DWI</u> enforcement officer.

Solicit participants' questions concerning these objectives.

Two-day Pre-School followed by Seven-day classroom training.



Display 4



Display 5

d. For our purposes, a "drug" is:

Any substance which, when taken into the human body, can impair the ability of the person to operate a vehicle safely.

e. This definition <u>excludes</u> some substances that physicians consider to be drugs.

<u>examples</u>: nicotine; caffeine.

f. This definition <u>includes</u> some substances that physicians don't usually think of as drugs.

<u>examples</u>: model airplane glue; paint.

- 3. Within this simple, enforcement-oriented definition, there are seven categories of drugs.
  - a. Central Nervous System
    Depressants include the
    most familiar drug, alcohol,
    but also include numerous
    other substances that slow
    down the operation of the
    central nervous system.
    Rohypnol, Valium, Xanax,
    and GHB are some CNS
    Depressants.

Working definition is derived from California Vehicle Code, Section 312; 1985.

<u>Ask</u> participants: what are some things that physicians would consider to be "drugs" that would <u>not</u> be covered under this definition?

Ask participants: what are some common chemical substances that doctors don't usually consider drugs, but that definitely impair driving ability?



Display 6



Display 7



Display 8



Display 9



Display 10

b. Central Nervous System
Stimulants include cocaine,
numerous drugs of the
amphetamine family
including
methamphetamine, and
many other substances that
cause impairment by
speeding up, or overstimulating, the central
nervous system.

- c. Hallucinogens include some natural, organic substances found in certain cactus and mushrooms, and many artificial substances including LSD and MDMA (Ecstasy). They all impair the user's ability to perceive the world as it really is.
- d. The category Dissociative
  Anesthetic includes the drug
  PCP and its various
  analogs. Dissociative
  Anesthetics are in a
  category by themselves
  because they produce some
  effects that are similar to
  depressants, some similar to
  stimulants, and some
  similar to hallucinogens.
- e. Narcotic Analgesics include heroin, morphine and other derivatives of opium, and many synthetic drugs that affect people in similar ways.

<u>Point out</u> that "Analgesic" means "pain killer".



#### Display 11



#### Display 12

- f. Inhalants include many familiar household materials, such as glue (Toluene), paint, gasoline, aerosol sprays, etc. that produce volatile fumes.
- g. The category <u>Cannabis</u> includes the various products of the Cannabis Sativa plant, e.g., marijuana, hashish, hash
- 4. These seven categories are organized on the basis of the clinical effects that they produce.
  - a. The drugs that belong to a particular category all produce basically the same effects.
  - b. Two different categories produce different effects.

5. Because many drugs are illegally manufactured, sold and consumed, it is difficult to determine how many people actually use the various drugs.

<u>Point out</u> that some medical texts may use different numbers of drug categories, with different names for the various categories.

Example: Alcohol and Valium both are CNS depressants. A person under the influence of Valium will look, act and feel basically the same as a person under the influence of alcohol.

<u>Example</u>: A person under the influence of a CNS Stimulant will not look, act or feel exactly like someone under the influence of a Dissociative Anesthetic.

Solicit participants' questions concerning drug categories.



Display 13









Display 14

- a. All available information shows that drug use and abuse are widespread among large segments of the American public.
  - (1) In 2004, 19.1 million Americans (7.9% of the population) aged 12 years or older were current illicit drug users.
  - (2) Marijuana was the most commonly used illicit drug in 2004, with 14.6 million.
  - (3) In 2004, 6.0 million people were users of psychotherapeutic drugs taken non-medically.
  - (4) In 2004, an estimated 2 million persons were current Cocaine users.
- b. It is especially disturbing that juveniles frequently abuse drugs.
- c. Evidence of drug use frequently shows up in people killed or injured in motor vehicle crashes.
  - (1) <u>Fact</u>: University of Tennessee (1988) found 40% of crash injured drivers had drugs other than alcohol in them.

Source: Results from the 2004 National Survey on Drug Use and Health: National Findings

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Display 15



35 Minutes

- (2) <u>Fact</u>: The Maryland Shock Trauma Center (1986) found nearly onethird of crash injured drivers had recently used Marijuana.
- e. Studies of fatally-injured drivers consistently show that nearly 20 percent had drugs or the combination of drugs and alcohol in their systems at the time of the crash.
- B. Eye Examinations: Detecting Signs of Drug Influence
  - 1. The eyes disclose some of the clearest signs of drug impairment or medical conditions.
    - a. Horizontal gaze nystagmus is a very clear indication, in a suspect's eyes, of possible alcohol impairment.
    - b. There are a number of drugs, other than alcohol, that will cause horizontal gaze nystagmus.
    - c. There are a number of other drugs that will <u>not</u> cause horizontal gaze nystagmus.
    - d. There are many other clues that the eyes will disclose, all of which will suggest the presence or absence of drugs or medical impairment.

FARS, 1995.

Solicit participants' questions or comments concerning drug use and drug involvement in impaired driving.

<u>Ask</u> participants: what is one of the most reliable signs of <u>alcohol</u> influence that can be observed in the eyes?



#### Display 16

- 2. Overview of eye examinations.
  - a. The eye examinations that you can conduct to assess possible drug or medical impairment include:
    - o Resting nystagmus
    - o Tracking ability
    - o Pupil size
    - o Horizontal gaze nystagmus
    - o Vertical nystagmus
  - b. Resting Nystagmus is referred to as jerking as the eyes look straight ahead. This condition is not frequently seen. Its presence usually indicates a pathology or high doses of a Dissociative Anesthetic drug such as PCP.
  - c. Tracking Ability will be affected by certain categories of drugs, and also by certain medical conditions or injuries involving the brain:
    - o If the two eyes do not track together, the possibility of a serious medical condition or injury is present.
    - o By passing a stimulus across <u>both</u> eyes, you can check to see if both eyes are tracking equally.

NOTE: Resting Nystagmus may also be a medical problem.

Although this observation is an important medical assessment, it is NOT an HGN administrative procedure step.

<u>Select</u> a student to serve as a demonstration subject.

<u>Position</u> a stimulus in front of that student's eyes, and check for <u>lack of smooth pursuit</u> across <u>both</u> of the student's eyes.

- o If they <u>don't</u> (i.e., if one eye tracks the stimulus, but the other fails to move, or lags behind the stimulus) there is the possibility of a neurological disorder.
- o If a person has sight in both eyes, but the eyes fail to track together, there is a possibility that the person is suffering from an injury or illness affecting the brain.
- o If the eyes track equally, but "jerk" while they are moving, then the possible presence of three categories of drugs should be noted:
  - Central Nervous System Depressants
  - Dissociative Anesthetics
  - Inhalants
- d. <u>Pupil Size</u> will be affected by several categories of drugs, and also by some medical conditions or injuries:
  - o If the two pupils are distinctly different in size, it is possible that the subject has a glass eye, or is suffering from a head injury or a neurological disorder.

Point out that this can occur because the suspect is blind (or nearly blind) in one eye. This can be checked by having the suspect cover one eye, and instructing the suspect to reach out and touch the tip of the stimulus.

Point out that "unequal tracking" is a condition that should prompt the officer to request a medical examination of the suspect.

<u>Point out</u> that this "jerking" is horizontal gaze nystagmus.

<u>Point out</u> that it is sufficient to look at a suspect's pupils and estimate whether they look noticeably small, about normal, or noticeably large.



Display 17



**Display**18

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- o If the pupils are noticeably dilated, then the possibility exists that the subject could be impaired by certain categories of drugs:
  - CNS stimulants

<u>Examples</u>: cocaine, methamphetamine, amphetamine sulfate, etc.

- Hallucinogens

Examples: LSD, peyote, psilocybin, MDA, Ecstasy, etc.

- Cannabis

Examples: Marijuana, Hashish, Hash Oil.

o If the pupils are noticeably <u>constricted</u>, then the possibility exists that the subject could be impaired by a

narcotic analgesic.

<u>Examples</u>: Heroin, codeine, demerol, etc.

Display 19A

o CNS Depressants,
Dissociative
Anesthetics, and
Inhalants usually <u>do not</u>
affect pupil size.

Point out that the types of drugs that usually cause nystagmus usually don't affect pupil size.

Display 19B

Major exception:

Methaqualone (a CNS Depressant) will cause pupils to dilate.

3. The test of <u>Horizontal Gaze</u>
<u>Nystagmus</u> for subjects
suspected of drug impairment is identical to the HGN test for alcohol-impaired subjects.

<u>Ask</u> participants: "What are the three clues of HGN?"

- a. First clue lack of smooth pursuit.
- b. Second clue distinct and



Display 19C



Display 20

- sustained nystagmus at maximum deviation.
- c. Third clue onset of nystagmus prior to 45 degrees.
- 4. The angle of onset becomes of special interest when a subject is under the influence of a Dissociative Anesthetic such as PCP.
  - a. PCP-impaired subjects may exhibit immediate onset, i.e., the jerking begins virtually as soon as the eyes start to move toward the side.
  - b. Sometimes, PCP-impaired subjects will exhibit <u>resting</u> <u>nystagmus</u>, i.e., the eyes jerk while they are looking straight ahead.
- 5. The <u>Vertical Nystagmus</u> test is very simple to administer.
  - a. Position the stimulus horizontally, approximately 12-15 inches (30-38 cm) in front of the subject's nose.
  - b. Instruct the subject to hold their head still, and follow the stimulus with the eyes only.
  - c. Raise the stimulus until the subject's eyes are elevated as far as possible, hold for four seconds.

Write "Resting Nystagmus" on dry-erase board or flip-chart.

Point out that vertical nystagmus was not examined in the research that led to the validation of the Standardized Field Sobriety Test battery, horizontal gaze nystagmus, walk and turn and one leg stand.

<u>Select</u> a student or another instructor to serve as a subject and demonstrate the vertical nystagmus test.

- d. Watch closely for evidence of jerking (up and down).
- 6. Vertical Nystagmus usually will be present in subjects under the influence of PCP.
- 7. Vertical Nystagmus may be present in subjects under the influence of CNS depressants or inhalants.

Drug Categories and Their

Observable Effects.

Point out that vertical nystagmus usually develops after high doses of alcohol, other depressants or inhalants.

Solicit participants' questions concerning nystagmus.



C.

70 Minutes



Display 21

- 1. CNS Depressants slow down the operations of the brain, and usually depress the heartbeat, respiration, and many other processes controlled by the brain.
  - The most familiar CNS Depressant is <u>alcohol</u>.
  - b. Other CNS Depressants include:
    - Barbiturates (such as Secobarbital and Pentobarbital)
    - Non-Barbiturates (GHB - Gama hydroxy Butyrate and soma)

## 0

#### Display 22A

- o Anti-Anxiety Tranquilizers (such as Valium, Librium, Xanax, and Rohypnol)
- o Anti-Depressants (such as Prozac and Elavil)
- o Muscle relaxants and many other drugs.
- c. CNS Depressants usually are taken <u>orally</u>, in the form of pills, capsules, liquids, etc.
- d. In general, people under the influence of any CNS

  Depressant look and act like people under the influence of alcohol.
- e. General indicators of CNS Depressant influence:
  - o "Drunken" behavior and appearance
  - o Uncoordinated
  - o Drowsy
  - o Sluggish
  - o Disoriented
  - o Thick, slurred speech
- f. Eye indicators of CNS Depressant influence:
  - o Horizontal gaze nystagmus usually <u>will</u>

	be present.  o Vertical nystagmus may be present (with high doses).  o Pupil size usually will be normal, except that Methaqualone and Soma will cause pupil dilation.  Solicit participants' questions concerning indicators of CNS Depressant influence.
Display 22B	<ul> <li>2. CNS Stimulants accelerate the heart rate, respiration and many other processes of the body.</li> <li>a. The two most widely abused kinds of CNS Stimulants are cocaine and methamphetamines.</li> <li>b. Cocaine is made from the leaves of the coca plant.</li> </ul>
	c. Methamphetamines are chemically produced (manufactured) drugs.  d. Cocaine abusers may take the drug  o by "snorting" o by smoking (freebase, or "Crack") o by injection o orally  e. Abusers of amphetamines may take their drugs:  o by injection o orally o by "snorting"
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- or smoked (i.e., "ice")
- People under the influence of CNS Stimulants tend to be hyperactive, indicated by nervousness, extreme talkativeness and an inability to sit still. They also are usu-ally unable to concentrate, or to think clearly for any length of time.
- General indicators of CNS stimulant influence:
  - Restlessness
  - Talkative
  - Excitation
  - Euphoria o
  - Exaggerated reflexes
  - Loss of appetite 0
  - Anxiety
  - Grinding teeth (bruxism)
  - Redness to nasal area (if "snorting")
  - Runny nose (if "snorting")
  - Body tremors
- h. Eye indicators of CNS Stimulant influence:
  - Neither horizontal nor vertical nystagmus will be observed.
  - The pupils generally will be dilated.
- 3. Hallucinogens are drugs that affect a person's perceptions, sensations, thinking, self

Solicit participants' questions concerning indicators of CNS Stimulant influence.

**Instructor Notes** 

The word "Hallucinogen" means something that may cause hallucinations.





Display 23B

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-0

Display 24A

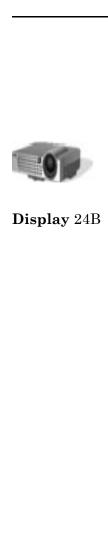
awareness and emotions.

- a. One common type of hallucination caused by these drugs is called synesthesia, which means a transposing of the senses.
  - o Sounds, for example, may be transposed into sights.
  - o Sights, for example, may be transposed into odors or sounds.
- b. Some hallucinogenic drugs come from natural sources.
  - o <u>Peyote</u> is an hallucinogen found in a particular specie of cactus.
  - o <u>Psilocybin</u> is an hallucinogen found in a number of species of mushroom.
- c. Other hallucinogens are synthetically manufactured:
  - o <u>LSD</u> (Lysergic Acid Diethylamide)
  - o <u>MDA</u> (3,4-Methylene-dioxyamphetamine)
  - o MDMA (Ecstasy)
  - o Many others.

Definition from <u>The Random</u> <u>House College Dictionary</u> (Revised Edition, 1980).

Example: the user may "see" a flash of color whenever the telephone rings.

Example: the user may "smell" a particular fragrance when he or she looks at something painted red.



- d. Hallucinogen abusers usually take their drugs orally; however, some hallucinogens can be smoked, or injected or "snorted".
- e. General indicators of Hallucinogen influence:
  - o Hallucinations
  - o Dazed appearance
  - o Body tremors
  - o Uncoordinated
  - o Perspiring
  - o Disorientation
  - o Paranoia
  - o Difficulty in speech
  - o Nausea
  - o Piloerection (goose bumps)
- f. Eye indicators of Hallucinogen influence:
  - o Neither horizontal nor vertical nystagmus will be present.
  - o The pupils usually will be noticeably <u>dilated</u>.
- 4. <u>Dissociative Anesthetics</u> is the category of drugs that includes PCP and its various analogs.
  - a. PCP is a synthetic drug, that was first developed as an intravenous anesthetic.
  - b. Because PCP produces very undesirable side effects, it is no longer legally manufactured. However, an analog (chemical cousin)

<u>Point out</u> that the indicators of hallucinogen influence are very similar to the indicators of CNS Stimulant Influence.

**Instructor Notes** 

<u>Solicit</u> participants' questions concerning indicators of hallucinogen influence.

<u>Point out</u> that PCP is a very powerful anesthetic, or pain-killer.



Display 24C

Ketamine is still being legally manufactured and available.

- c. However, it is easy to manufacture:
  - o The formula for making PCP and PCP analogs have been widely publicized.
  - o The manufacturing process involves readily available chemicals.
- d. Many Dissociative
  Anesthetic users <u>smoke</u> the drug, by using it to adulterate tobacco, marijuana, or various other substances.
- e. Dissociative Anesthetics can also be taken orally or by injection, or inhaled.
- f. General indicators of Dissociative Anesthetic influence:
  - o Warm to the touch
  - o Perspiring
  - o Blank stare
  - o Repetitive speech
  - o Incomplete verbal responses
  - o Confused
  - o Muscle rigidity
  - o Possibly violent & combative
- g. Eye indicators of Dissociative Anesthetic



Display 25A

#### influence:

- o Horizontal gaze
  nystagmus generally
  will be present, often
  with very early onset
  and very distinct
  jerking.
- o Vertical nystagmus generally <u>will</u> be present.
- o Pupil size usually will be normal.
- 5. Narcotic Analgesics include a large number of drugs that share three important characteristics.
  - a. They will relieve pain.
  - b. They will produce withdrawal signs and symptoms, when the drug is stopped after chronic administration.
  - c. They will suppress the withdrawal signs and symptoms of chronic morphine administration.
  - d. Some narcotic analgesics are natural derivatives of <u>opium</u>:
    - o Morphine
    - o Heroin
    - o Codeine

<u>Solicit</u> participants' questions concerning indicators of Dissociative Anesthetic influence.

<u>Point out</u> that "analgesic" means "pain killer".

<u>Point out</u> that this characteristic implies that narcotic analgesics are physically addicting.



Display 25B



Display 26A



Display 26B

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- o Many Others.
- e. Some are synthetic drugs:
  - o Demerol
  - o Methadone
  - o Numorphan
  - o Fentanyl
  - o OxyContin
  - o Many Others.
- f. Some narcotic analgesics (such as heroin) usually are injected.
- g. Others (such as codeine) usually are taken orally.
- h. An important characteristic of narcotic analgesics is that users develop tolerance to them.
- "Tolerance" means that the same dose of the drug will produce diminishing effects, or that a steadily larger dose is needed to produce the same effects.
- j. A tolerant user who has taken his or her "normal" dose of heroin (for example), may exhibit little or no evidence of physical impairment.
- k. General indicators of Narcotic Analgesic influence:
  - o "On the nod"
  - o Droopy eyelids

<u>Clarification</u>: "On the nod" is a sedated condition. The subject

21

#### **Instructor Notes**

- o Depressed reflexes
- o Dry mouth
- o Facial itching
- o Low, raspy speech
- o Fresh puncture marks may be evident
- l. Eye indicators of Narcotic Analgesic influence:
  - o Neither horizontal nor vertical nystagmus will be present.
  - o Pupils generally will be constricted.
- 6. <u>Inhalants</u> are breathable chemicals that produce mind-altering results.
  - a. A wide variety of familiar household items are sometimes abused as inhalants.

- b. Certain anesthetics also may be abused as inhalants.
- c. General indicators of Inhalant influence:
  - o Disorientation
  - o Slurred speech
  - o Residue of substance on face, hands, clothing

is in a semi-conscious type of sleep.

<u>Solicit</u> participants' questions concerning indicators of Narcotic Analgesic influence.

#### Examples:

- o plastic cement (model airplane glue, Toluene)
- o gasoline
- o paint
- o vegetable frying pan lubricants
- o hair sprays
- o insecticides
- o many others

#### Examples:

- o nitrous oxide
- o ether
- o chloroform



Display 26C



Display 27A

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Confusion Possible nausea d. Eye indicators of Inhalant influence: Horizontal gaze nystagmus generally will be present. Vertical nystagmus may be present (especially with high doses). Solicit participants' questions Pupil size generally will be normal. concerning inhalants. Display 27B 7. Cannabis is the category that includes the various products of the Cannabis Sativa plant. a. Marijuana Hashish Hash Oil d. Cannabis products generally are smoked, although they also can be ingested orally. e. General indicators of Display 28A Cannabis influence: Marked reddening of the Conjunctiva (white part of the eyeball) Body tremors o Odor of marijuana Disoriented 0

Relaxed inhibitions

Difficulty in dividing

o

attention.



- f. Eye indicators of Cannabis influence:
  - o Neither horizontal nor vertical nystagmus will be present.
  - o Pupil size generally will be dilated, but may be normal.

Solicit participants' questions concerning Cannabis.



20 Minutes

Display 28B

D. Combinations of Drugs

- 1. Many drug users routinely ingest drugs from two or more drug categories at the same time.
  - a. The term for this condition is "polydrug use".
  - b. In the Los Angeles Field Study (1985), 72% of the suspects had two or more drugs in them.
  - c. In that study, alcohol was often found in combination with one or more other drugs.
  - d. But even if we discount alcohol, nearly half (45%) of the Field Study suspects had two or more other drugs in them.
  - e. During Certification

<u>Point out</u> that the prefix "poly" derives from the Greek word for "many".

Point out that 81 of the 173 suspects (47%) in the Los Angeles Field Study had alcohol in combination with one or more other drugs.

Training in New York City in early 1989, two-thirds (67%) of the suspects evaluated had two or more drugs **other than alcohol** in their urine.

- 2. Certain combinations of drugs appear to be fairly common.
  - a. Alcohol and some other drug is the most frequent combination.
  - b. <u>PCP and Cannabis</u> is another common combination.
  - c. <u>Cocaine and Heroin</u> is another common combination.
- 3. Because polydrug use is so common, you should not be surprised to encounter suspects who are under the influence of more than one category of drugs.
  - At some times and places, polydrug users may be more common than single drug users.
  - Be especially alert to the possibility that suspects who have been drinking may also have ingested some other drug or drugs.
- 4. The effects of polydrug use may vary widely, depending on exactly what combination of

Write these common combinations on the dry-erase board or flip-chart.

Remind participants that many PCP users prefer to ingest that drug by smoking, and a favorite method is to sprinkle powdered PCP on marijuana.



Display 29 A, B, C, D

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- drugs is involved, how ingested and when they were ingested.
- 5. Any particular combination of drugs may produce four general kinds of effects.
  - a. <u>Null</u> Neither drug has an effect on the indicator.

Null Effect: The combination of no action plus no action equals no action.

b. Overlapping - Each drug may affect the suspect in some different way. In combination, both effects may appear.

#### EXAMPLE OF NULL

<u>EFFECTS</u>: CNS Stimulant and Narcotic Analgesic. Neither drug causes nystagmus, therefore you will <u>not</u> see nystagmus with this combination.

Overlapping Effect: Action plus no action equals action.

# c. Additive - The two drugs may independently produce some similar effects. In combination, these effects

may be enhanced.

#### EXAMPLE OF

#### OVERLAPPING EFFECTS:

PCP and Narcotic Analgesic. PCP will enhance nystagmus, while a Narcotic Analgesic does not cause nystagmus. Therefore, you will see nystagmus.

Additive Effect: Action plus the same action reinforces the action.

#### EXAMPLE OF ADDITIVE

<u>EFFECTS</u>: Stimulants and Hallucinogens both cause pupil dilation. Pupils would be dilated.

d. Antagonistic - The two drugs may produce some effects that are exactly opposite. In combination, these effects may mask each

Antagonistic Effect: Action versus opposite action can't predict the outcome.

Aids	Lesson Plan	Instructor Notes
	other.	
		EXAMPLE OF ANTAGONIS- TIC EFFECTS: A CNS Stimulant usually causes pupil dilation, a narcotic usually causes constriction. It is possible that someone who is simultaneously under the influence of a stimulant and a narcotic may have pupils that are nearly normal in size. It is also possible that the suspect's pupils may be dilated at one time, and then become constricted, as the effects of one drug diminish while the effects of the other increase.
15 Minutes	E. Demonstrations of Drug Influence (Video)	Show the video of the examinations of suspects under the influence of various drugs.
25 Minutes	Dealing With Suspected Drug Influence or Medical Impairment.  NOTE: This segment of the Lesson Plans must be developed locally. Relevant topics may include:	Instructor Note: This may be an opportunity to discuss various medical conditions that mimic impaired driving, i.e., diabetic shock and hypoglycemia.
HS 178A R2/06	o Local and state laws governing drug- impaired driving and chemical testing of drug-	

impaired suspects.

- o Departmental procedures for interviewing, searching, etc. drug-impaired suspects.
- o Procedures for contacting drug recognition technicians and assisting in or witnessing the drug evaluation and classification examination.
- o Procedures for requesting, obtaining and handling chemical test specimens.



Display 30

#### G. Closing

1. Although this course is not designed to qualify you as a DRE, it is intended to make you more knowledgeable when encountering suspects impaired by substances other than alcohol.

Consult with a DRE, if possible, and document in detail all observations.